Financial help to Orissa for leprosy eradication

2655. SHRI B.J. PANDA:
MS. PRAMILA BOHIDAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the Orissa Government has committed to declare the State "a leprosy-free region";

(b) whether it is also a fact that the state Government has achieved magnificent success in containing this affliction since 1982-83; and

(c) the future action-plan of the Central Government to help this cash strapped State to save the leprosy patients from disfigurement?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) Yes, Sir. Prevalence rate of leprosy in the State of Orissa has come down from 121.40 in 1982-83 to 1.60 per 10,000 population as on October, 2005.

(c) The Central Government is already providing financial assistance to various State Governments in the form of Cash Grants and Grants in aid to State Leprosy Societies for implementation of NLEP activities. Free MDT services are available on all working days upto PHC level for treatment of leprosy patients and reduce the risk of eventual disfigurement. Presently, Reconstructive Surgeries (RCS) are carried out on deformed leprosy patients at Hoina Leprosy Research Trust, LEPRA, Muniguda, Rayagada district in the State of Orissa.

A Memorandum of Understanding (MoU) was signed between International Federation of Anti-Leprosy Associations (ILEP) and Government of India (GoI) in 2005 to upgrade 5 Medical College in the country for providing Reconstructive Surgery (RCS) services for deformed leprosy patients out of which one Medical College *viz*; SCB Medical College, Cuttack is in the State of Orissa.

Inequalities in healthcare delivery system

2656. SHRI RAJEEV SHUKLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are working on a plan to reduce vast inequalities in healthcare delivery system across different regions and socio-economic groups in India;

(b) if so, the details thereof;

(c) whether Government have also finalized its policy on soliciting private sector involvement for advancing healthcare facilities across all regions; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The National Health Policy, 2002 has given over riding importance to ensuring more equitable access to health services across the country. As health is a State subject, the policy has emphasised that the State Governments would need to design specific schemes wherever required, to suit the health needs of their region.

The Government of India is implementing National Health Programmes for control of major communicable and non-communicable diseases like Malaria, TB, Leprosy, AIDS, blindness, cancer and mental health which cover the entire country. With a view to removing regional imbalances and availability of tertiary health facilities, six AIIMS like institutions are to be set up in the under served areas of the country and several institutions are to be upgraded to that level. Recently the Government has launched a National Rural Health Mission to provide accessible, affordable, accountable, effective and reliable primary healthcare especially to the poor and vulnerable sections of the population. It has as its key components provision of a female health activist in each village in select States a village health plan prepared through a local team headed by the Health and Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health and Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.

(c) and (d) The National Health Policy, 2002 welcomes the participation of the private sector in all the areas of health activities - Primary, Secondary and Tertiary - with suitable regulatory mechanisms. The private sector

increasingly is participating in the delivery of healthcare particularly in National Programmes like TB, Blindness, HIV/AIDS, amongst others. The Central Government Health Scheme (CGHS) also engages some private hospitals for providing treatment to the CGHS beneficiaries. Health is a State subject. Public-Private Partnership is also an important strategy under NRHM.

Infant and maternal mortality in India

2657. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is an alarming scenario pertaining to infant mortality and maternal mortality in India, as portrayed in World Health Report, estimating 1,36,000 maternal and 10,00,000 new-born deaths in India, every year;

(b) if so, Government's comments and the official statistics in this regard;

(c) whether the report also mentions that one in every three malnourished children in the world lives in India;

(d) if so, Government's reaction and official statistics in this regard;

(e) the total number of new births in India, every year and how many of them die (i) just at birth (ii) within 4 weeks of birth (iii) within year of birth (iv) within 5 years of birth; and

(f) the steps being taken to reduce infant mortality and maternal mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (f) The World Health Organization have released the World Health Report 2005 in which, among another things, they have highlighted the status of the health of mothers and children in 192 countries of the world. According to this Report, India is among the 51 countries which have shown a slow decline in reducing mortality among children under 5 years of age. The Report further states that these 51 countries will need to accelerate their efforts over the next 10 years for achieving the millennium development goals on Infant and Maternal Mortality Rates by the year 2015.